

Application for Membership



Please print clearly

Date Completed: _____

Membership Type

- Producer** Member (maker of food products) **\$189.00 Annually**
- Provider** Member (provider of product or service to the food industry – e.g., attorney, marketing, packaging suppliers, distributors, brokers, etc.) **\$189.00 Annually**
 - Click here information about the Preferred Provider program
- Buyer** Member (purchase food products for resale in store, restaurant, etc.) **FREE**

Company Name: _____ DBA: _____

Billing Contact Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Office Phone: _____ Mobile Phone: _____

Email: _____

Additional Associates' Name & Email to Receive Alerts: _____

Website URL: _____ Number of Years in Business: _____

Products Your Company Sells (Describe Products): _____

Class of trade selling to: (circle all that apply):

Wholesale Farm Markets Retail/Web Fundraising Corporate Restaurants/Catering

How did you hear about VSFBA?:

Social Media Attended an Event Referred by Current Member Email Invite Other

You can either pay your membership dues online (preferable), or send a check for the annual dues made out to Virginia Specialty Food & Beverage Association (send to):

VSFBA

Attn: Laurie Aldrich
2711 Buford Rd #174
Bon Air, VA 23235

Signature _____ Name _____

Title _____ Date _____